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MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

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2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	LEGISLATOR INFORMATION					
Name SARAL O. LEU	2(C	Office: ☐ House ☐ Senate				
Mailing address 46 (ASLYN On	District 148					
City, zip code Lot, MAIN	E 03903	Phone 439-0354				
PART 1. INCOME	E DERIVED FROM EMPLOYMENT BY AND	752 - 3055 THER				
List the name and address of each employer from economic activity of each employer.	m whom you received compensation of \$1,000 o	more. Specify the principal type of				
Name of Employer	Address	Principal Type of Economic Activity of Employer				
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Gircheld de Alderman	The state of the s	e de la companya de l				
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)						
A. List the name and address of your business, it associated with a partnership, firm, professional a entity.	f any, and list the major areas of economic activit association, or similar business entity, list the maj	y from which you derived income. If or areas of economic activity of that				
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)				
Name: Address:		1A				
Name: Address:		The state of the s				

B. List each source of i	ncome derived from self-employment that represents	more than 10% of your gro	oss income or \$1,000, whichever is		
disclosure is prohibited	e principal type of economic activity of the entity or by law, rule, or an established code of professional el om the income was derived.	person from whom you del thics, specify only the princi	pal type of economic activity of the		
	Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
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Name:		All Andread Andread Andread (Company of the Andread (Company of the Andread Andread (Company o	and to specifying speciment and different tradeological tr		
Address:			/		
	PART 3. MAJOR AREAS C				
List your major areas of	(For Legislators who are attornet practice. If associated with a law firm, list the major a				
	Name and Address of Firm	Major Areas of Pract (self)	ice Major Areas of Practice (firm)		
Name:	A / A	e de la companya de l	orio de la compania del compania del compania de la compania del la compania de la compania del la compania de la compania del la c		
Address:		141			
Name:		in and the second secon			
Address:		Market design			
	PART 4. OTHER SOURCE:	SOFINCOME			
List each source of incor	me of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of th		s. If none, check the box.		
None	THE PROPERTY OF THE PROPERTY O	PROPERTY OF STATE OF THE STATE	1853amanampun, mangrup pangnganga (pangnya pang pang pangangan pangkan ang pangkan pangkan pangkan pangang pan		
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Address:		to service of the second	\mathcal{M}		
List the names of credit	PART 5. REPORTABLE I ors for any <u>unsecured</u> loans of \$3,000 or more that		eporting period, and list the major		
areas of economic activit	ty of each creditor. Do not list credit card liability or lo	ans from a relative. If none	, check the box.		
None			Principal Type of Economic		
	Name and Address of Creditor	The control of the co	Activity of Creditor		
Name:	, M	or responding	. 1		
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Name:					

Address:

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT

	Pr	ART 6. REPO	RTABLE GIFTS			agrification (2002) (1908) exclusive partitioning	
List the specific none, check the	source of each gift of more than \$30 box.	0. Include gifts	with an aggregate v	alue of more	than \$300 fr	om a single sou	urce. If
None	egunt keruntumban keruntuk kengapan dan Kengapa kenggapan dan pengapan berapa dan dan dan dan dan dan dan berapa	tanki ka matanki eta 2000 kwa 1960 miliana ka 1960 miliana ka 1960 kwa 1960 kwa 1960 miliana ka 1960 miliana k	tera, teraheta kentikun medi esessa dan sakuat dahas adamban kentingken esti kalmas derahunsi mendinen mal	haaan oo dharee East oo dharee dhalaa dhalaashoo dharaan Eara Espanyadh Eara	tina da la tributa de trata de destruta de la referencia de exemples e tres encenda de la composição de la comp	dert general de trabación de la trabación de la germa de trabación de contraste e encolonica e consecuence com	14 California escali Pali Desellatura
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	Name of Source of Honoraria	elde were en fer here final met grown y proposite lift filter in jere		Name of Sou	rce of Honora	aria	II Alectronomia sociales
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	ive branch agency before which you		A DESCRIPTION OF SERVICE PROPERTY	ksatilista saitee ja aeto saasta liin kastata	of any amou	int. If none, che	eck the
box.	engentanenen konnen en	Protection of Albert China (China) China (China) (Chin	and the standard and standard and the st	eriselekantiliselthiisilikuvsisilekatesatsiaa	Strianianad American diseastan akan direktura	na n	maritima de transporter de la compansión d
Ū∕ None	Name of Agency			Name	of Agency	t (gradinis) er et visionet tret visionet tret er visionet og å som side fre er melskeljene i visionet er	dyconing of points of planting
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2.		and a series of the series of	4.				
	PART 9.	BUSINESS W	ITH STATE AGEN	ICIES			
List each executi	ive branch agency to which you or a e reporting period. If none, check the	member of you	ır immediate family	sold goods or	services wit	h a value in exc	cess of
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	PART 10. INCOME RI	ECEIVED BY N	MEMBERS OF IMI	MEDÍATE FA	AMILY		
dependent child()	economic activity representing each s ren) during the reporting period and re, their name and job title are listed.	the kind of incor	ne represented. If y				
Name of Spo	ouse or Domestic Partner and Job Tit	le Repre	f Economic Activity esenting Source of come Received	Relationship	K ii	nd of Income	
Name:	4	. 1.	1.A	Spouse or	1.	MA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Job Title:	AA-	2. 3.		Domestic Partner	2. 3.		
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	d(ren) receive more than \$1,000 of in g period, list only the type of eco			Child Dependent			***************************************
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			90-94 EFFEE HOUSE	Dependent Child		A CONTRACTOR OF THE CONTRACTOR	

any office, truste	t or nonprofit corporation, firm, association, pa eship, directorship, or position of any nature. ed. If a family member listed, indicate your rel	Indicate whether you o	or a family held the p	osition and whether	the position
None					
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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the information	any additional information below (and or you are providing.	additional sheets if	needed). Indicate	e the part or section	n number for
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PART 11. OFFICER OR DIRECTOR POSITIONS